

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT		POLICE CASE NO. 2007-29032	
SPECIAL OPERATION:		<input type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT		JAIL NO. PMHD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
IDS NO.		AGENCY CODE 02		MUNICIPAL P.D. DEF. ID NO. MDPO RECORDS AND ID NO. 8448	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) 027051LPINAR, BIROL		ALIAS and / or STREET NAME		SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500	
DOB (MM/DD/YYYY) 06/18/1966		AGE 41		RACE W	
SEX M		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		HEIGHT 5'10" WEIGHT 165	
HAIR COLOR BL		HAIR LENGTH MED		HAIR STYLE WAV	
EYES BR		GLASSES <input type="checkbox"/> Yes <input type="checkbox"/> No		FACIAL HAIR CLN	
TEETH		SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) N/A		PLACE OF BIRTH (City, State/Country) Turkey	
LOCAL ADDRESS (Street, Apt. Number) 448 OCEAN DR #302		(City) MIA (State) FL (Zip) 33139		PHONE () CITIZENSHIP Turkish	
PERMANENT ADDRESS (Street, Apt. Number) 33139		<input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN		PHONE () OCCUPATION Designer	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS		(Street) (City) (State/Country) (Zip)		PHONE () ADDRESS SOURCE: <input type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>	
DRIVER'S LICENSE NUMBER / STATE N/A		SOCIAL SECURITY NO. N/A		WEAPON SEIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Def. has Concealed Weapons Permit. PERMIT # W-		INDICATION OF: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Alcohol Influence: <input type="checkbox"/> <input type="checkbox"/> Drug Influence: <input type="checkbox"/> <input type="checkbox"/>			
ARREST DATE (MM/DD/YYYY) 07/26/2007		ARREST TIME (HHMM) 0155		ARREST LOCATION (Include name of business) 448 OCEAN DR #302	
CO-DEFENDANT NAME (Last, First, Middle) 1.		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
CO-DEFENDANT NAME (Last, First, Middle) 2.		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
CO-DEFENDANT NAME (Last, First, Middle) 3.		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
JUV only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name) (Street, Apt. Number) (City) State County		Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHARGES		CHARGE AS: <input type="checkbox"/> F.S. <input type="checkbox"/> ORD		COUNTS	
1. OFFERING TO COMMIT PROSTITUTION		1		79607	
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
FL STATUTE NUMBER		VIOL. OF SECT		CODE OF UCR	
20					
WARRANT TYPE OR TRAFFIC CITATION		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT		CASE #:	
		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT		CASE #:	
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		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT		CASE #:	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:					
On the 26 day of JULY, 2007, at 0155 (HHMM) at 448 OCEAN DRIVE #302 (Location, include name of business) (Narrative, be specific)					
DEF. WAS CONTACTED, VIA CRAIGSLIST, & AGREED TO PROVIDE FULL SERVICE SEX FOR \$150-. UPON ARRIVAL DEF. STATED THAT IT WAS SHE WHO I HAD spoken to on phone. TAKE DOWN SIGNATURE GIVEN & DEF. PLACED UNDER ARREST BY DET. DOZIER (#343).					
PAGE 1 OF 1					
HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	
Name:		I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME	
OFFICER'S / COMPLAINANT'S SIGNATURE		COURT ID NUMBER/LOC. CODE		THE UNDERSIGNED AUTHORITY THIS	
5-NOLAN		MBPO		DAY OF JULY 2007	
NAME (Printed)		AGENCY NAME		Deputy of the Court or Notary Public	
				Signature of Defendant / Juvenile and Parent or Guardian	
				HEARING JUDGE	

Officer Information

2007-29432 URB

OFFICER NAME <i>No/Ar</i>	Evidence Confiscated (Y/N)	Dist/Section <i>02</i>	I.D. No.	Phone	Cell <i>5MT</i>	Pager <i>120-0300</i>	Shift (Days Off/Duty Hrs.)
<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					
OFFICER NAME <i>Dozier</i>	Evidence Confiscated (Y/N)	Dist/Section <i>02</i>	I.D. No.	Phone	Cell <i>5MT</i>	Pager <i>120-0300</i>	Shift (Days Off/Duty Hrs.)
<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					
OFFICER NAME	Evidence Confiscated (Y/N)	Dist/Section	I.D. No.	Phone	Cell	Pager	Shift (Days Off/Duty Hrs.)
<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					
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<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					

☐ VICTIM ☐ WITNESS ☐ OWNER FOR DV ONLY: (1) Relationship to defendant: _____: (2) ☐ DCF contacted; (3) ***list all child witnesses

Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
Synopsis of Testimony:									

☐ VICTIM ☐ WITNESS ☐ OWNER FOR DV ONLY: (1) Relationship to defendant: _____: (2) ☐ DCF contacted; (3) ***list all child witnesses

Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
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Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
Synopsis of Testimony:									

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Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
Synopsis of Testimony:									

COMPLAINT/ARREST AFFIDAVIT - SAO COPY - REVERSE

Transporter (s) Det. Castillo, C. Cruz ID# 777-715 Dept# 02 Taken To DCJ
 Transporter (s) _____ ID# _____ Dept# _____ Taken To _____
 Transporter (s) _____ ID# _____ Dept# _____ Taken To _____

Does defendant have any signs/complaints of injury? ☐ YES ☐ NO Indicate any signs or complaints of injury regardless whether they happened prior to, during, or after arrest, or whether they have any connection to the arrest at all.

Yes, complete below data/notify supervisor)

Complain: _____

 Name and Rank of Supervisor Notified: _____

Defendants Vehicle

YEAR	MAKE	MODEL	TAG	STATE	VIN	COLOR

OWNER/DRIVER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released to: _____ Left on Scene? ☐ YES ☐ NO
 (Print Name - Signature) D/L # _____ State _____

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

Signature of Owner/Driver/Designee

Signature of Officer Witnessing

ID #

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED